REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 5 36-05 2 Ser:	ial/Pat	ent	# 10	۶٫۶	Baa
3 Please refund the following fee(s):	4 PAPE NUME		5 DAT	LED LED	6 AMOUNT
Filing					\$
Amendment					\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.					\$
Maintenance					\$
Assignment					\$
Other					\$ 50,00
		7 TOTAL AMOUNT OF REFUND \$ 55			\$ 50.00
	8 TO BE REFUNDED BY:				
10 REASON:	Treasury Check				
Overpayment	Credit Deposit A/C #:				
Duplicate Payment	s s	, ()	4 -	- Ô	2)3
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:				\cap	```
TYPED/PRINTED NAME: TITLE: WARDLESS					zaleza)
SIGNATURE: 208.9140 Kabi					
OFFICE:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:	DATE	. _			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room \$02B